1997 Editorial Index

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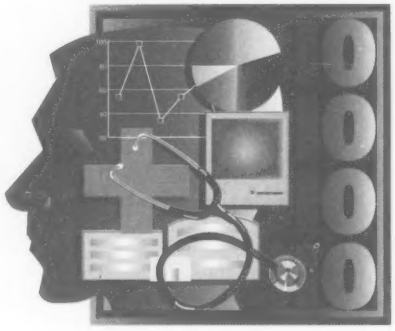
Viewpoint: Health care consolidation: look before you commit

Jeffrey H. Margolis, president and CEO of Margolis Health Enterprises, considers the pros and cons of working through the consolidation



of a health care organization. (Aug. 1997, page 66)

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Putting the servers in client-server

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Viewpoint: Buzzwords, buzzards and associate deans

Buzzwords, which confuse and

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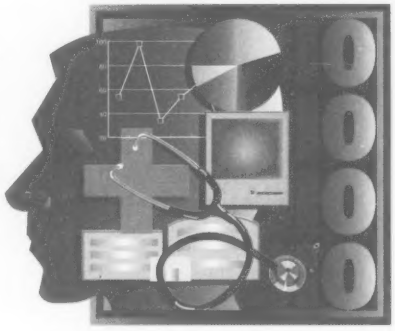

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Community healthcare information networks (CHINS)

Infrastructure is the key to HIN reality

The health care community stumbled during a crucial stage in establishing HINs and CHINs (Community Health Information Networks) — the beginning. (Mar. 1997, page 66)

Computer-based patient records (CPR)

Outpatient clinics without the paperwork

Chicago's MacNeal Health Network eliminated the frantic chase for lost patient records with a physician buy-in for a CPR system in its outpatient clinics. (May, 1997, page 14)

CPRs: why some of the best work so well

Organizations which have made their computer-based patient records systems work have found that a reliable infrastructure, care giver buy-in, and a vision of the future are among the key factors in successful implementations. (Oct. 1997. page 10)

Hotlist: Health care organizations looking to computer-based patient records

November's HotList includes a listing of 39 companies that offer CPRs. (Nov. 1997, page 42)

Conferences (trade shows/events)

HIMSS: growing fast, growing smart

Since 1993, membership in the Healthcare Information and Management Systems Society (HIMSS) has grown from 3,500 to 8,000. HIMSS executive director talks about that growth and what's ahead for health information managers. (Feb. 1997, page 22)

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Consultants

Hotlist: Consultants' offerings target changing health care IT demands.

July's HotList includes a listing of 66 firms offering health care IT consulting services. (Jul. 1997, page 46)

Viewpoint: Buzzwords, buzzards and associate deans

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Data storage

Store more: data storage trends

Data storage capacity, once hoarded, is now plentiful and inexpensive. It is a welcome trend for health care IT professionals, who have more reasons than ever to keep digital data that can be used for clinical and financial activities. However, this promising environment does come with new IS challenges such as query-based systems, image and video storage and wireless technologies. (Sept. 1997, page 16)

Patient data repositories

Hotlist: Implementing patient data repositories, a priority for health care professionals

The September 1997 HotList features 35 data repository systems vendors. (Sept. 1997, page 50)

Data warehouse

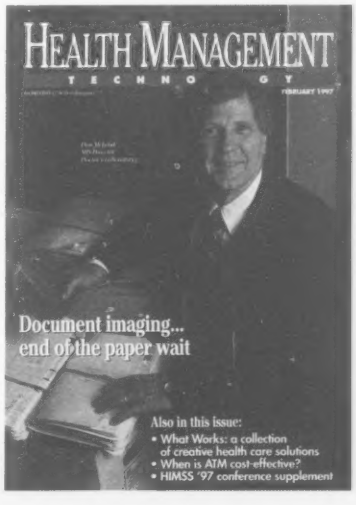
Need for analysis drives data warehouse appeal

In an era when good analytical information can determine success or failure, data warehousing promises a better understanding of the business of health care. (Oct. 1997 page 28)

Decision support

Finding value in EMRs

Successful electronic medical records implementations share the ability to improve the quality of care by making clinical data readily available and offering decision support. The instant availability of medical information, the decreased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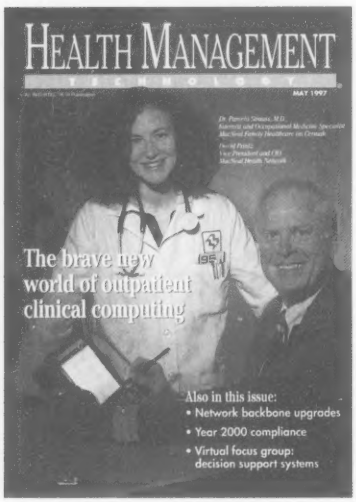
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• Virtual focus group: decision support systems

need to build space for paper records and more efficient patient communication are all savings in addition to those which can be easily quantified, which may be reaped with EMRs. (Jul. 1997, page 34)

Viewpoint: Managing with decision support tools

Next-generation health care decision support products will include cost accounting, product line analysis, episodic grouping, revenue modeling and provider profiling. (Apr. 1997, page 82)

The virtual focus group: Decision support systems

The opinions of five IS professionals about decision support systems they currently use, what they would like to have, and what you can learn from their experiences. (May, 1997, page 36)

Viewpoint: New challenges for health care informatics

As employer-lead groups continue increasingly engage in value-based purchasing, the financial risk is shifting to physicians and physician organizations. To meet these new demands, health care informatics must increasingly center on clinical decision support for physicians. (Sept. 1997, page 66)

Disease management

Technology and chronic conditions: an employer's perspective

In addition to being a useful tool in analyzing chronic condition outcomes data, technology infrastructure can be used to shape patient prognoses through consumer-based, disease management information. (Jan. 1997, page 28)

Diagnostic imaging

Let's hear it for the users! Diagnostic imaging on the Internet

With few off-the-shelf offerings available, visionary clinicians and savvy users invested precious funds and created significant Internet imaging achievements. (Mar. 1997, page 14)

Document imaging

The end of the paper wait: document imaging

Cutting storage space requirements and expediting records retrieval are two productivity-increasing benefits associated with document imaging, integrated hardware/software solutions used for capturing, storing, retrieving, transmitting, and managing paper-based documents in digital image form. (Feb. 1997, page 16)

Electronic Data Interchange (EDI)

EDI in rural and smaller capitated provider groups

Electronic data interchange (EDI) and new managed care software available through third party management organizations can help small provider groups deal with capitation without purchasing their own systems. (Dec. 1997 page 24)

Taking control of workflow with business office EDI

Cedars-Sinai Health System, one of Southern California's busiest health care networks, implements EDI tools to help automate the processing of patient accounts. (Mar. 1997, page 48)

EDI and the Internet: making new connections

Integrating the tools of the Internet and EDI is a process which is still being negotiated. The ability to see and be seen, electronically speaking, is an advantage that should not be underestimated as many health insurers are capitalizing on Internet-based EDI technologies to innovate services and build relationships. (Jul. 1997, page 32)

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Viewpoint: Technology-enabled clinical guidelines and EMRs

Clinical appropriateness guidelines at the point of service which are integrated into EMR databases can result in a linkage between an intervention and the benchmarked criteria to perform that intervention for best practice. Some EMR systems with integrated clinical decision support allow the physician to document why she/he may depart from established guidelines — an important feature for measuring the effectiveness of the knowledge base and for acknowledging that no guideline can purport to supplant the art of clinical judgment. (Jul. 1997, page 66)

Viewpoint: Cutting through the clutter of group practice medical records software

Evaluate case management software needs with specific criterion to

serve patients better and add value to a practice. (Jan. 1997, page 66)

Confidence and confidentiality

Given the potentially broader access to sensitive patient information that is inherent in the transition to EMR systems, executives in all sectors of health care — hospitals, physician organizations, and health plans — need to think seriously and strategically about the challenges facing the entire health care system in what is otherwise a

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Enrollment

Electronic enrollment

Electronic enrollment systems can provide employees with faster service and reduce the time that human resources managers spend on phone calls and billing issues. (Aug. 1997, page 42)

Ethernet

Fast and Switched Ethernet approaches relieve network bottlenecks

Many information systems managers face financial and technological challenges in trying to keep up with present and future PCs , but Fast Ethernet offers only an interim solution. (Jan. 1997, page 18)

The evolution of Ethernet

Ethernet has evolved much since its early days. But its relative simplicity, availability and inexpensiveness have made it the most popular local area networking technology, running in more than 80 percent of all network connections. (Nov. 1997, page 26)

Fiber optics

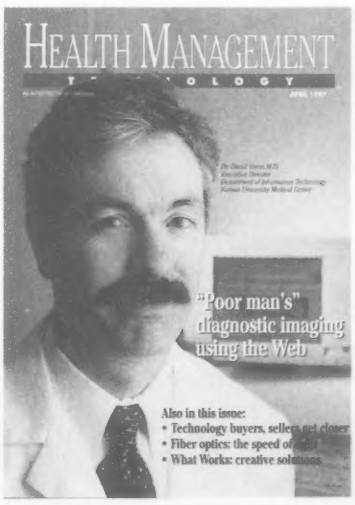
Information at the speed of light

Once cutting edge, fiber optic cable is now the backbone of choice for health care organizations with growing networks. The question today is not whether to use fiber, but how much and where. (Apr. 1997, page 30)

Financial

Mining for strategically significant financial information

Used strategically, financial applications and technology tools can help a health care organization survive and compete. Among the specific financial technology tools that can make a difference, experts say, are: EDI, Internet and intranet applications, year 2000 compliant software and data warehouses. (Nov. 1997, page 49)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• What Works: creative solutions

Geographic information systems

The lay of the land: GIS and mapping software

The release of mapping software for desktop computers allows health care professionals to gain insight into market penetration, site selection, and route mapping. (Apr. 1997, page 58)

Hardware

Putting the servers in client-server

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HEDIS (Health Plan Employer Data and Information set)

Measuring the value of health care dollars

Measuring performance in four major areas, HEDIS reports assist employers in selecting health plans that will reap the greatest harvest per health care dollar. (May, 1997, page 24)

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Home health care

Home care systems: build or buy?

As recently as five years ago, home care providers who wanted to use information strategically had little choice but to build their own point-of-care applications. Today, as the number of home health agencies grows, so do the number of home health systems. (Dec. 1997, page 12)

Input devices

Devices as dynamic as the people who use them

Devices that read fingerprints, recognize voices and otherwise do the data input work of the traditional mouse and keyboard are triggering a point-of-care patient information revolution. (Feb. 1997, page 78).

Where does wireless work?

Pioneering organizations find that — in the right situations — wireless point-of-care systems enhance productivity and are a cost-effective alternative to desktops. (Nov. 1997, page 12)

Integrated delivery systems

Integrated vs. interfaced practice management systems

The Scripps Clinic migrated 16 years worth of custom software to a new integrated platform during a 16-month period and experienced both sides of the interface or integrate dilemma. They decided there are more advantages to integration. (Sept. 1997, page 47)

Interface engines

Systems integration: revving up the interface engines

Best-of-breed applications can breed a Babel-like confusion of software tongues. Interfaces and interface engines help integrate information systems, but for many health care organizations, true IS integration is a distant dream. (Dec. 1997 page 18)

Internet

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Using the Internet to support provider-patient collaboration

The Internet will prove to be a powerful tool in promoting a collaborative wellness model of health care in the next three to five years as it offers new venues for interactive communication. Network-aware solutions are offered. (Jan. 1997, page 44)

How "WebCare" is changing health care delivery, hit by hit

No longer just a curiosity, the Internet and intranets are helping redefine patient care and member service for organizations that blend practicality and vision. (Mar. 1997, page 22).

Creating Web windows may leave doors to data unsecure

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The Health Village Pilot: tuning up an Internet solution

As consumers become the primary health care decision-makers and assume greater responsibility for managing their own care, they need tremendous amounts of information, presented in a format that is easily accessible and easy to under-

stand. A test of Allina's HealthVillage yields advice from consumers about how to add value. (Nov. 1997, page 38)

Intranet

Viewpoint:
An online approach to wellness

The evolution of Siemens Business Communications Systems' intranet-based "cyberwellness" program and its widespread acceptance by employees across the US. (Dec. 1997, page 66)

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Intranets: communication for the internal universe

Private, in-house networks using graphical tools from the World Wide Web enable communication between diverse computer systems. Intranets require high maintenance, however, and startup cost as well as monthly update costs must be considered. (Jun. 1997, page 24)

Knowledge bases

Integrating knowledge bases at the point of care

Simply publishing various resources in an electronic format is not enough to cause health care providers to search for answers to day-to-day questions. What is needed is an information base tailored to the context in which it is being used and which is able to automatically trigger the needed information at the point of care. (Jun. 1997, page 44)

Laboratory

Hotlist: Integration capability may be key factor in new laboratory system selection decisions

The August 1997 HotList features 26 laboratory systems products and services. (Aug. 1997, page 46)

Legacy systems

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Local area networks (LANs)

Getting connected without getting wired

Just a few years ago, wireless local area networks were virtually nonexistent in health care. Today health care is considered a hotbed of wireless activity. By putting computers in the hands of doctors and nurses hospitals are able to reduce the time of information float. (Jul. 1997, page 20)

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Ethernet has evolved much since its early days. But its relative simplicity, availability and inexpensiveness have made it the most popular local area networking technology, running in more than 80 percent of all network connections. (Nov. 1997, page 26)

Managed care

HotList:
managed care systems; new capabilities for growing markets

April's HotList showcases 52 companies offering managed care systems. (Apr. 1997, page 62)

Migrating from a transaction-based to an information-based managed care system

The ability to navigate through data can go a long way toward establishing a competitive market position. (Apr. 1997, page 72)

Mining for strategically significant financial information

Used strategically, financial applications and technology tools can help a health care organization survive and compete. Among the specific financial technology tools that can make a difference, experts say, are: EDI, Internet and intranet applications, year 2000 compliant software and data warehouses. (Nov. 1997, page 49)

Marketplace

How closely do the offerings of vendors match the needs of health care organizations?

In an industry where buyers complained of notorious "vapor ware" in the past, this year's health care information technology conference attendees are finding more realistic solutions to their biggest challenges. (Apr. 1997, page 20)

Master patient index

The role of enterprise person directories

Enterprise-wide directories of persons are needed to expand the MPI concept to include multiple systems and person entries. This EPD — Enterprise Person Directory — addresses accurate identification across the enterprise. (Oct. 1997, page 40)

1997 Editorial Index

Materials management

Chaos theory

By imagining disaster — or by facing a real-life calamity — health care managers are finding that the right materials management system can transform inventory chaos into cost-effectiveness. Health care systems looking for ways to contain costs and improve care are investing in materials management information systems because they can help streamline operations and provide a rapid return on investment. (Sept. 1997, page 12)

Hotlist: Materials management systems help control costs

December's HotList sites 16 companies offering materials management systems. (Dec. 1997, page 36)

National Managed Health Care Congress (NMHCC)

The CIO tapes

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Making the connection: far from a central hospital, network access is critical

Whether they are looking for administrative, clinical, or financial information, users need network access from anywhere in today's far-flung enterprises. (Mar. 1997, page 14)

Networking strategies: network backbone upgrades emerge as a wise investment

The numbers, locations and needs of users change constantly, but they'll always want more bandwidth. Many experts say that upgrading to higher-speed backbones seems to be the safe bet for investing technology dollars in unsettled times. (May, 1997, page 20)

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Boosting bandwidth

The good news is that newer, faster technology products are allowing health care providers to examine and retool their processes to eliminate the duplication of effort in chart review and enhance assessment of patient needs. (Aug. 1997, page 34)

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There are a host of technical and administrative guidelines for securing your internal network. But experts say that the only way to be completely secure is not to have an Internal connection. (Sept. 1997, page 24)

Network managers: no longer nameless

The traditional view of a health care network manager is "the wire guy" whose area of responsibility is "from the jack back." But increasing complexity and a new emphasis on strategic planning is changing that role. (Oct. 1997, page 18)

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Can network computers be your best friends?

"Thin clients" are viewed by IT managers as a cost-effective alternative to PCs, but network computers are not for everyone. (Jun. 1997, page 14)

Outcomes measurement

Hotlist: Track and analyze treatment, costs with Outcomes/quality measurement

May's HotList sites 34 companies offering outcomes and quality measurement products. (May, 1997, page 48)

Viewpoint: AI and matters of clinical and financial life or death

Artificial intelligence offers an elegant solution to data management troubles because of its ability to identify patterns, recognize proper or improper relationships between data and learn from past examples. (June, 1997 p.66)

PACS

Justifying PACS

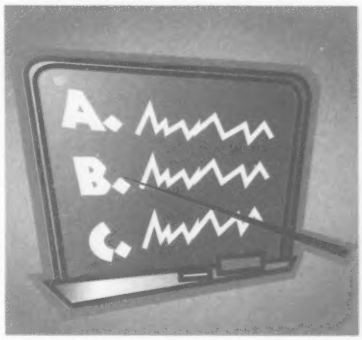
In the new world of radiology, Picture Archiving and Communication Systems (PACS) offer a technological remedy for enhanced coverage and service. (Feb. 1997, page 84)

Patient education

Enhancing productivity and satisfaction with patient education software

Easy-to-understand printouts about thousands of medical topics and drugs can help care givers save time while better informing patients. (Sept. 1997, page 56)

The Health Village Pilot: tuning up an Internet solution



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Planning

Viewpoint: Technology training: knowledge is power

While there are new information technology systems designed to increase productivity and performance, technology alone, without adequate training and management support, cannot accomplish the goal. (Nov. 1997, page 66)

Point of care

Integrating knowledge bases at the point of care

Simply publishing various resources in an electronic format is not enough to cause health care providers to search for answers to day-to-day questions. What is needed is an information base tailored to the context in which it is being used and which is able to automatically trigger the needed information at the point of care. (Jun. 1997, page 44)

Outpatient clinics without the paperwork

Chicago's MacNeal Health Network eliminated the frantic chase for lost patient records with a physician buy-in for a CPR system in its outpatient clinics. (May, 1997, page 14)

Where does wireless work?

Pioneering organizations find that — in the right situations — wireless point-of-care systems enhance productivity and are a cost-effective alternative to desktops. (Nov. 1997, page 12)

Practice management

HotList: elements of a successful practice management system

February's HotList includes product listings of 11 companies offering practice management systems. (Feb. 1997, page 96)

Integrated vs. interfaced practice management systems

The Scripps Clinic migrated 16 years worth of custom software to a new integrated platform during a 16-month period and experienced both sides of the interface or integrate dilemma. They decided there are more advantages to integration.(Sept. 1997, page 47)

Quality

Hotlist: Track and analyze treatment, costs with Outcomes/quality measurement

May's HotList sites 34 companies offering outcomes and quality measurement products. (May, 1997, page 48)

Viewpoint: Technology is 1997's 'differentiator'

The need to cut health care costs more effectively, while at the same

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time creating customer-focused and quality-driven organizations can be addressed with info-centric improvements. (Feb. 1997, page 110)

Radiology

Computers and radiology: stepping into the digital future

Spurred by the prospects of sharper images, faster transmissions with remote sites and compact image storage, newly formed integrated delivery networks are creating a demand for digital radiology technologies. (Dec. 1997, page 28)

Scheduling

Right on schedule? Demand for enterprise-wide scheduling solutions grows

As applications which can save customer dollars, by changing skill mix and staffing levels to improve productivity or by feeding payroll with scheduled and worked time, enterprise-wide scheduling programs are among the top three essential software applications of 1997. (Jun. 1997, page 32)

Systems integration

Converging technologies and increased productivity

By marrying traditional office technologies such as copiers, fax machines and dictation systems with digital technologies, departments can share information and become tightly integrated. (May, 1997, page 66)

In the middle of the Pacific, no "islands of automation"

Queen's Health Systems of Hawaii integrates many diverse points of information into one body of material, the Clinical Information at Queens system (CLIQ). Expanded applications are on the horizon and the technological needs of the Queen's information system are evolving past the capabilities of a Token Ring backbone. Three technologies are considered for increasing bandwidth, including FDDI, ATM, and Fast Ethernet (Jan. 1997, page 14)

Systems integration: revving up the interface engines

Best-of-breed applications can breed a Babel-like confusion of software tongues. Interfaces and interface engines help integrate information systems, but for many health care organizations, true IS integration is a distant dream. (Dec. 1997 page 18)

Fast-forward at Fallon

Can your organization make its clinicians more efficient and overhaul its information system at the same time? Fallon Healthcare of Worcester, Mass., did it and, in the process, changed its data culture. (Aug. 1997, page 12)

Hotlist: Systems Integration

The October 1997 Hotlist features 47 companies offering services including complete information systems reengineering, integration engines and the network hardware that connects the systems. (Oct. 1997, page 46)

The MercyCARE mobile health program delivers primary care to those in need.

Telecommunications

The evolution of a call center at Sarasota Memorial Hospital

As competition and managed care penetration increase, call centers are evolving from reactive, physician referral centers to focal points of comprehensive information designed to improve community health. (Oct. 1997, page 54)

Telemedicine

Changing times and the business case for "telestuff"

Advances in client-server technology coupled with a new health care business environment are opening doors to new and less expensive telemedicine solutions. (Jul. 1997, page 54)

Thin client

Can network computers be your best friends?

"Thin clients" are viewed by IT managers as a cost-effective alternative to PCs, but network computers are not for everyone. (Jun. 1997, page 14)

Videoconferencing

Health care videoconferencing options cover wide range of applications, prices, quality

Whether you need a desktop, portable, or conference room videoconferencing configuration, declining prices and easy to use systems make the technology more available. (Apr. 1997, page 56)

What Works (case studies)

• MercyCARE mobile health program, Philadelphia, Pa. Compaq Prosignia file servers and Toshiba Satellite Pro 400CS laptop computers; Bukstel & Halfpenny's "Doctor Chart" electronic medical record software; Novell Netware 3.12 and Ethernet hubs and network interface cards provided by 3Com Corp. provide technical support to the free clinic on wheels. (Feb. 1997, page 29)

• Bay Medical Center, Panama City, Fla. Client-server practice management package by MicroMed Healthcare Information Systems. (Feb. 1997, page 30)

Dr. Gary Fleisher, Children's Hospital of Boston using Datamedic's EMstation.

• Family Health Care Medical Group, Simi Valley, Calif. EZ-CAP's Provider Communications Link, an EDI system. (Feb. 1997, page 31)

• Allina Health System, Minneapolis, Minn., IBM hardware, software and networks. (Feb. 1997, page 32)

• University of Wisconsin Hospital and Clinics, Madison Wis. PeopleSoft applications; Oracle database (Mar. 1997, page 36)

• Children's Hospital, Boston. Datamedic's EMstation. (Mar. 1997, page 37)

Mitchell Goldstein, M.D. and the IBM OS/2 Warp 4 VoiceType system.

• Pascack Valley Hospital, Westwood, N.J. Optika Imaging Systems' FilePower product suite; software from Eclipsys Corp. (Mar. 1997, page 38)

• Kim Charles Meyers, M.D., solo internal medicine physician of Evanston, Ill. HealthPoint ACS using Oracle database and Delphi programming language. (Mar. 1997, page 39)

• Huntington Memorial Hospital, Pasadena Calif., IBM OS/2-based VoiceType dictation model. (Apr. 1997, page 26)

• HealthPlex Sports Club, a subsidiary of Crozer-Keystone Health System, Springfield, Pa. LifeFitness exercise equipment which captures workout progress and stores it in an electronic patient record. (Apr. 1997, page 26)

• Locum tenens (location temporary) physician, T.A. Naegele, Albuquerque, N.M. HUB Computer Medical System, PenDOS. (Apr. 1997, page 28)

• Santa Rosa Health Care, San Antonio, Texas, MEDACOM application software. (Apr. 1997, page 29).

• Lehigh Valley Hospital/Pulmonary Associates, Allentown, Pa. Intesys' Quality in Care system for critical care (QuIC). (May, 1997, page 40)

• Bureau of Medical Services, Augusta, Maine, MECAPS and MMDSS systems developed with the assistance of Sapient Corp. (May, 1997, page 42)

• Presbyterian Healthcare Systems/Presbyterian Hospital of Dallas, IMNET/LaserArc Inc.'s computer output to laserdisk (COLD) technology. (May, 1997, page 44)

• University Physicians, Columbia, Missouri. SmartTalk software system mapped into an existing network drive. (May, 1997, page 46)

• North Memorial Health Care, Minneapolis. MedicaLogic's Logician, an electronic medical record. (Jun. 1997, page 26)

• Blue Cross Blue Shield of Tennessee, Chattanooga. Facets from ERISCO, an integrated client-server managed care solution. (Jun. 1997, page 27)

• West Palm Beach Veterans Administration Medical Center, West Palm Beach, Fla. VISTA Hospital Information, OPTIDOC, CD-ROM libraries, JetForms Filler, Microsoft Office. (Jun. 1997, page 28)

• New England Rehabilitation Hospital, Woburn, Mass. Integrated Appointment Management System (IAMS). (Jun. 1997, page 30)

• Blanding Clinic, Blanding, Utah. 7C software for financials, claims and patient accounts. (Jul. 1997, page 38)

• Beacon Health Plans, Coral Gables, Fla. FileNet's document imaging software, Watermark. (Jul. 1997, page 40)

• MidMichigan Urgent Care, Mount Pleasant, Mich. DataMedic's EMstation, a clinical information manager for creating computerized patient records. (Jul. 1997, page 42)

• Alegent Health, Council Bluffs, Iowa. APG/Calculator PC program from IRP Systems Inc. (Aug. 1997, page 26)

• AIDS Resource Center of Wisconsin, Milwaukee. Pilot version of Lotus' Provide HIV/AIDS Case Management Support application. (Aug. 1997, page 27)

• Rutherford Hospital, Rutherford, N.C. Five-user Minolta MI3MS 3000 Plus Integrated Information and Image Management System with MI3MS 3000ICE software and Minolta Advanced Optical Services (AOS). (Aug. 1997, page 28)

• Nash Health Care Systems, Rocky Mount, N.C. HDS' ULTICARE computer-based patient record. (Aug. 1997, page 29)

• Duke University Medical Center, Durham, N.C., and ClinEffect Systems Inc. develop an electronic coding system to code diagnoses and procedures, and generate "clean bills" from the point of care. Compaq Proliant 5000 Server running

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NT 4.0. MS SQL Server 6.5 database system, two-tier client-server architecture, application level security, TCP/IP-based, HL7 interfaces to existing scheduling, registration and billing systems. (Sept. 1997, page 30)

• United Network for Organ Sharing, Richmond, Va. Lotus Notes-based application for tracking organ donors and recipients. (Sept. 1997, page 31)

• Midwest Rural Telemedicine Consortium, Des Moines, Iowa, builds mobile telemedicine carts: Compression Labs' Radiance interactive video system, Norstan and Vtel custom software, NTSC Video scopes by Andres Tek and American Telecare Inc., Ascend Inverse Multiplexers.

• Cedars-Sinai Health System, Los Angeles, outsources data processing to Litton Computer Services and Optimatrix Health Services. (Sept. 1997, page 34)

• Core Inc., Boston, implements Brooktrout fax boards and improves accuracy and reliability of fax-based peer review service. (Oct. 1997, page 32)

• St. Michael's Hospital, Toronto, uses Ross Systems Renaissance software for human resources/payroll, cuts processing time. (Oct. 1997, page 34)

•Santa Teresita Hospital, Duarte, Calif. ChartMaxx Electronic Patient Record system from MedPlus. (Oct. 1997, page 38)

Vital signs monitoring at Barnes Jewish Hospital saves $1.4 million.

• Pediatrician in a Norcross, Ga., private practice adds 2,000 patients and increases revenues by $200,000 with the help of a CPR. (Nov. 1997, page 32)

• Barnes Jewish Hospital, St. Louis, solves vital signs monitoring shortages with wireless technology and saves $1.4 million in the first 12 months. (Nov. 1997, page 34)

• Carolina Internal Medicine Associates, Asheville, N.C., adds patients and reduces costs with Medic Computer Systems' AutoChart electronic patient record system. (Nov. 1997, page 36)

• Radiologists at the University of Virginia, Charlottesville, Va., use physician scheduling software from MSI to reduce two-day scheduling task into 3-to-4 hour job. (Dec. 1997, page 32)

• Skylands Medical Group streamlines office messaging process by customizing Medworks EMR system with Digital Ink software for pen input devices. (Dec. 1997, page 34)

• Augusta Medical Center, Fishersville, Va., automates time and payroll system with Kronos Time Keeper Control software integrated into a MEDITECH system running on a Data General UNIX platform. (Dec. 1997, page 36)

Wireless

Getting connected without getting wired

Just a few years ago, wireless local area networks were virtually nonexistent in health care. Today health care is considered a hotbed of wireless activity. By putting computers in the hands of doctors and nurses hospitals are able to reduce the time of information float. (Jul. 1997, page 20)

HotList: wireless systems, hardware seen as valuable emerging technology

June's HotList plots 28 companies offering wireless systems and hardware for health care. (Jun. 1997, page 38)

Where does wireless work?

Pioneering organizations find that — in the right situations — wireless point-of-care systems enhance productivity and are a cost-effective alternative to desktops. (Nov. 1997, page 12)

Year 2000

Toward the year 2000 and the double-digit dilemma

As the start of the next millennium nears, decades of software written with two-digit date fields threatens to halt health care organizations' internal functioning. It sounds like IS Armageddon: system crashes, lawsuits, buck-fifty-a-line code rewrites. But if you start now, you just might escape Year 2000 disasters. (May, 1997, page 28)

Working with vendors on your year 2000 solution

It is predicted that 15-20% of vendors will be disappearing from the market in 1999. In-house resources should be used if at all possible, or at least a vendor familiar with the applications in question, in Year 2000 conversions. Another tip: organizations should get their vendor's Year 2000 commitments in writing, including release dates for corrected versions of software/equipment; what, if any, cost the update will be; methodology for compliance; and penalties associated with missing client commitments. (Jun. 1997, page 48).■

Associate Editor Jim Evans and Editorial Assistant Anna Becker compiled this year's index. Illustrations and cover designs by Art Director Stacy Celata and Staff Artists Kristen Immoor and Jennifer Lee.